

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2		1					52		2				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		2					65						
16		1					66						
17		1					67						
18		1					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		1					99						
50		2					100						
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	77					
TOTAL CLAIMS							TOTAL CLAIMS	79					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS